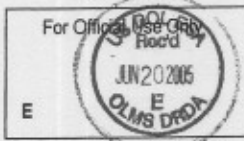


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2165</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>Benton</u> <u>L Grynseth</u> P.O. Box, Bldg., Room No., if any <u>Box 154</u> Street _____ City <u>ALMENA</u> State <u>WISCONSIN</u> ZIP Code + 4 <u>54805</u>	4. Name, file number, and address of labor organization. Name <u>Laborers Local 268</u> Labor Organization File Number _____ P.O. Box, Building and Room Number, if any _____ Street <u>2233 Birch Street</u> City <u>Eau Claire</u> State <u>WISCONSIN</u> ZIP Code + 4 <u>54703</u>
5. Position in labor organization. <u>Business Manager / Financial Secretary - Trustee Health & Pension</u> <u>Training & Apprenticeship Committee</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Benton L Grynseth</u>	On <u>6-14-05</u>	<u>715 835 5041</u>
	Date	Telephone Number

Name of Person Filing Benton L. Grunseth File Number U- 2165

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Zenith Administrators
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 7645 Metro Boulevard
City Minneapolis
State MINNESOTA ZIP Code + 4 55439
3060

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name WISCONSIN Laborers Health & Pension
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 4633 Lincoln Way Suite 201
City De Forest
State WISCONSIN ZIP Code + 4 53532
2510

11.a. Nature of such dealing.

Health & Pension Funds
Administers for WISCONSIN
Laborers Health and Pension Fund

11.b. Approximate dollar value of such dealing.

1373 996

12.a. Nature of interest held or income received.

Zenith Administrators Annual golf outing
1 Round of Golf
Dinner, Hat, Wind breaker & 3 golf balls
August 20 2004

12.b. Amount.

150.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.